



Town of Fenwick Island Curbside Recycling Sign-up Form

Name: _____

FI Street Address: _____

Home Phone: _____ Cell Phone: _____

Away Address: _____

Away Phone: _____ Email: _____

Permanent Resident? ☐ Yes ☐ No

Do you currently recycle? ☐ Yes ☐ No

Signature _____ Date _____